

Data Set Guide Transmittal #3

Date

«FirstName» «LastName» «Title»
«JobTitle»
«Company»
«Address1»
«Address2»
«City», «State» «ZipCode»

Dear «Salutation»:

The Kentucky Department for Mental Health and Mental Retardation Services (KDMHMRS) submitted several recommendations to the Joint Committee for Information Continuity (JCIC) for changes and/or clarifications to the Data Set Guides. The JCIC met on January 15, 2003 and approved the final changes for SFY 04.

The purpose of this letter is to notify you in detail of the changes which have been approved. Please share this letter and the updated data dictionary with appropriate staff. These changes have also been added to the Department's website and can be found at:

http://dmhmrs.chr.state.ky.us/CMHC/cmhc_data_guide.asp

If you or Center staff have any questions, or need more information, please contact Mr. Greg Coulter at: Phone: (502) 564-4860 or by Email: at Greg.Coulter@mail.state.ky.us.

Your cooperation is appreciated.

Sincerely,

Margaret Pennington
Commissioner

Changes

✓ A. Changes to Data Set Guide Introduction

- Adding Data Dictionary of Terms
- Adding new errors to editing
- Adding Event Data Set and Human Resource Data Set to editing
- Adding policy that new fields are not editable for accuracy and completeness during their first SFY

✓ B. Changes to Event Data Set

- Introducing new encryption program to used with HIPAA format
- Revising Appendix E (FA0-12) Service codes 37, 38, 39, 40, 43, 80, 85

✓ C. Changes to Client Data Set

- Changing valid values for Fields 48, 49, 50, 51
- Changing definitions for Fields 49 and 51
- Adding Homeless Indicator - Client Field 72

✓ **A. Detail of Changes to Data Set Guide Introduction**

- Adding Data Dictionary of Terms (See Attachment 1)
- Adding new errors in editing
 - ✓ Employment Status, code #10 (child) – the client must be 6 or under
 - ✓ Age of First Use – If you report age of 1st use as 18, but client data set says date of birth for client indicates they are only 16
- Adding Event Data Set and Human Resource Data Set to editing (See Attachment 2)
- Adding policy that new fields are not editable for accuracy and completeness during their first SFY

✓ **B. Changes to Event Data Set**

- Introducing new encryption program that is available to be used with HIPAA format for Event Data Set
- Revising Appendix E (FA0-12) Service codes 37, 38, 39, 37, 40, 43, 80, and 85

37: Specialized Personal Care Home Services

Definition: The care and support of persons which includes rehabilitation and treatment in a twenty-four (24) hour, seven (7) day week residential setting for individuals requiring a structured and supervised environment. Skill building as determined by residents goals and functional assessment and resident assistance in retaining the fullest possible control over their own lives to make choices concerning the activities in which they are involved as well as services culturally appropriate and based on a rehabilitation model are included.

Regions that operate specialized personal care homes should use this code. Currently this includes Regions 6 (Center for Rehabilitation and Recovery), 12 (Caney Creek Rehabilitation Complex) and 15 (Bluegrass Personal Care Home). Services provided to residents of private personal care homes should be coded based on the service provided (e.g. individual therapy).

38: Residential Crisis Stabilization - Adult

Definition: Short-term mental health treatment, 24 hours per day, available seven days per week, in a structured therapeutic environment which provides treatment for an acute psychiatric crisis as a prevention of or a step-down from inpatient treatment.

Those regions that currently operate residential crisis stabilization units for adults should use this code. Regions without a crisis stabilization "unit" but providing overnight crisis stabilization in alternative settings (e.g. apartments, family care homes, etc.) should also use this code.

39: Residential Crisis Stabilization - Child and Adolescent

Definition: Intensive, short-term, residential care for children in acute psychiatric distress in a community-based homelike setting. Services include assessment and evaluation, emergency intervention, and linkages with community resources.

Those regions that currently operate residential crisis stabilization units for children should use this code. Regions without a crisis stabilization "unit" but providing overnight crisis stabilization in alternative settings (e.g. apartments, therapeutic foster care, group homes, etc.) should also use this code.

40: Residential Support

Definition: Specialized on-site or off-site staff who provide support and/or supervision to residents of an agency owned and/or operated housing site or residential program.

Those regions operating 24 hour per day residential programs in which on-site support (e.g. apartment manager, supervisory staff, etc.) is provided should use this code. This

code is not to be used if support is provided in a person's home or in other settings not operated by the agency.

43: Supported Housing

Definition: An array of activities and services designed to assist individuals to acquire and succeed in chosen housing situations. Activities revolve around choosing, getting and keeping regular housing in the community and may include accessing subsidies, locating suitable housing, negotiating leases, acquiring household items, moving into residences, and teaching housing related living skills.

Those regions operating a distinct "supported housing program" should use this code. At the beginning of SFY 2003, this included regions 3, 4 and 15. This does not include, for example, the provision of housing services by targeted case managers. Some states identify "supported housing" as an evidence-based or promising practice for which fidelity to the model is a key to positive client outcomes. The Center for Mental Health Services defines this as: "Services to assist individuals in finding and maintaining appropriate housing arrangements".

80: Social Club (Drop-in)

Definition: A service to enable adults with severe mental illness to experience social acceptance, friendships and leisure activities with focus on personal growth through peer support and self-help.

Those Regions operating a distinct "social club (drop-in) program" should use this code. Typically, these programs are conducted in association with therapeutic rehabilitation programs and held after regular TRP hours. Some states identify "social club or drop-in centers" as a key component of peer support and, consistent with that model, recommend or require that programs be run by consumers. The Center for Mental Health Services defines this as: "A social club offering peer support and flexible schedule of activities: may operate on evenings and/weekends."

85: Supported Employment (MH/MR)

Definition: Paid work in a variety of integrated settings. Support and assistance are provided in accessing and maintaining employment. Includes individual assessment, development of a vocational profile, job development, job placement, on-site job coaching or training in work and work-related skills, on-going supervision and monitoring of work performance, support to assure job retention, support and training in developing interpersonal skills, use of community supports and generic services essential to obtaining and retaining employment.

Those Regions operating a distinct "supported employment program" should use this code. The Center for Mental Health Services defines this as: "Supportive services that include assisting individuals in finding work; assessing individuals' skills, attitudes, behaviors, and interest relevant to work; providing vocational rehabilitation and/or other training; and providing work opportunities. Includes transitional and supported employment services."

✓ C. Changes to Client Data Set

- **Field 48 Victim of Rape/Sexual Assault/Sexual Abuse**
- **Field 49 Victim of ~~Physical Abuse~~ Domestic Abuse**
- **Field 50 Perpetrator of Rape/Sexual Assault/Sexual Abuse**
- **Field 51 Perpetrator of ~~Physical Abuse~~ Domestic Abuse**

Currently the valid answers for these are:

0= No
1= Yes

Revise the valid answers to: (underline areas are the changed areas)

0= No
1= Yes, unknown whether they are currently seeking treatment for this issue or not
2= Yes, not seeking treatment for this issue
3= Yes, currently seeking treatment for this issue

- **Field 49 Victim of Domestic Abuse** (formerly victim of physical abuse)

Description: By definition this population includes clients who present with the problem of being physically abused by a family member by blood or marriage, an intimate partner, or a person with whom they have a child in common and those who acknowledge this issue after treatment services begin.

Valid Codes: 0 = No
1 = Yes, unknown whether they are currently seeking treatment for this issue
2 = Yes, not seeking treatment for this issue
3 = Yes, currently seeking treatment for this issue

Update Frequency: At the time of intake and after any event of domestic abuse takes place. Must be reviewed every six months.

- **Field 51 Perpetrator of Domestic Abuse** (formerly perpetrator of physical abuse)

Description: By definition this population includes both clients who present with the problem of being a domestic abuse perpetrator and those that present with other problems initially but acknowledge being a perpetrator of domestic abuse after treatment services have begun. This should also include all clients referred by the criminal justice system or Department for Community Based Services for domestic violence or child abuse treatment services, except those involving sexual abuse.

Domestic abuse is commonly defined as a pattern of controlling and/or coercive behaviors including physical violence, emotional abuse, and attempts to control the environment of persons who are related by blood or marriage, have a child in common, or past or present intimate partners.

In cases where a client is referred to the center for court-ordered domestic violence offender treatment services, the client should be coded as "3 = Yes, Currently seeking treatment for this issue."

Valid Codes:

- 0 = No
- 1 = Yes, unknown whether they are currently seeking treatment for this issue
- 2 = Yes, not seeking treatment for this issue
- 3 = Yes, currently seeking treatment for this issue

Update Frequency:

At the time of intake and after any event of domestic abuse takes place. Must be reviewed every six months.

- **Added Field 72 - Homeless indicator**

Have you been homeless in the past 12 months?

Valid Values are:

0= No

1= Yes

Definition: A Homeless Person is:

- One who lacks a fixed, regular or adequate nighttime residence, including anyone who is sleeping on the streets, in temporary hotel facilities, on a riverbank, in an out building, in caves or in a vehicle.
- One who is living in housing that is condemned or in an abandoned building.
- One who has as a primary nighttime residence a publicly or privately operated shelter designed to provide temporary living accommodations. All residents of domestic violence shelters are included. All residents of youth shelters are included except children that are wards of the state.
- One who has as a primary nighttime residence a public or private place not designated as a regular sleeping accommodation, including anyone who is sleeping in a movie theatre, restaurant, office or post office.
- One who is exiting an institution (including prisons, jails, mental health facilities and/or hospitals) and persons who have been evicted or displaced who do not have the financial or family support resources to obtain housing.

Attachment 1- Data Dictionary

This dictionary has been compiled to encourage consistency in terminology used by CMHC's, all departments of DMHMRS, and UK Research and Data Management Center (RDMC).

NOTE: in all definitions, the "Garbage-in, garbage-out" rule applies. The information submitted in the Client and Event data sets is accepted as correct. A field within the data set is accurate if it contains a code that is valid for that field. Example: The system cannot verify that the client is male or female, only that a correct code (male / female) has been entered. The correct code then is considered "accurate" and the fact that the client is male is "correct". A Data Submission is accurate within the client/event data sets if ALL fields considered in the accuracy consideration have less than 5% invalid codes. (inaccurate fields / total fields considered). It is the responsibility of the centers to insure the highest degree of correctness and completeness when submitting data.

Term to be Defined	Definition and Notes
Accuracy	A field is accurate if it contains a code that is valid for that field. A Data Submission is accurate if ALL fields considered in the accuracy consideration have less than 5% invalid codes. (inaccurate fields / total fields considered)
Admission Date	The date the client received the first service which includes the initial interview.
Adolescent	A client whose age at the time of service is equal to or greater than 13 years or equal to or less than eighteen years.
Adult	A client whose age at the time of the service is equal to or greater than 18.
Age	Determine by the difference (in months, divided by 12) between the birth date of the client and the date of the service. NOTE: this means that some clients may be included in more than one age category
Age of First Use	The age of the client when the applicable drug (primary, secondary, tertiary) was first used.
Bond	A legal engagement in writing to fulfill certain conditions.
Center	CMHC (same as Region)
Child	A client whose age at the time of the service is equal to or less than 12. NOTE: for some indicators, child and adolescent populations may need to be combined.
Client	An individual who has received a service or been in contact with a center. NOTE: very few clients (even status 2 clients) are entered in the system without a service.
Client Status 2	Clients who have been 'seen' by a center, but has no treatment plan yet. While most of these clients will have received a service, only a minimum of demographics are required for this level of client.
Co-Dependent / Collateral	A client who is seeking help due to a relationship with a substance abuser. In this case, the client may not be a user.
Completeness	A Data Submission is complete if ALL fields required to be complete contain 95% or more valid codes other than Unknown / Not Collected. Each field is considered separately, but the failure of a single field results in the failure of that Data Submission. (incomplete count / total records)

Deaf	The presence of a significant hearing loss which impairs someone's practical use of auditory communication for daily communication. According to the National Association of the Deaf, "Deaf" refers to those who are unable to hear well enough to rely on their hearing and use it as a means of information."
Deaf and Hard of Hearing	This population includes clients who are either deaf OR hard of hearing
Demographic Fields	Unless further defined in this table, the definition in the latest Data Submission Guide is considered appropriate. Most demographic fields in the Client Data set are copies of the Federal definitions of these fields and taken from the TEDS requirements (SA reporting under HHS). NOTE: beginning with fiscal year 2003, historical client data will be retained, thus care must be taken, when deciding the client selection, whether the client was in the population at any time during the fiscal year, or in the population at the time of the service, or in the population at the end of the fiscal year. (i.e. pregnant women would be any time during the fiscal year while education would be the highest grade completed at the end of the fiscal year and homeless might be at the time the service was performed.)
Department	KDMHMRS
Diagnosis Codes	ICD-9 codes. In the Event data set, up to four codes which refer to the problem being treated by the service. In the client data set, they indicate the clinicians' assessment of the client's problems. Axis I diagnoses are Mental Health diagnoses; Axis II are Mental Retardation and Axis III are physical diagnoses. All fields may be blank EXCEPT Axis I, Diagnosis 1 which must contain a valid ICD-9 code or "000.00". These fields should be updated at the completion of a treatment plan or as other symptoms are discovered.
DMHMRS Modifier	This is a Department developed code that defines in more detail the event / service provided. See Appendix E.
Drug Type Code	The client's top (one, two or three) substance abuse problem(s) at the time of admission. If the client has a substance abuse diagnosis, this field is required. NOTE: These fields should be updated during the client's treatment program.
DUI Conviction	A client who is in a program as a result of a DUI Conviction.
Education	The highest grade COMPLETED by the client. This field should be updated at the end of each school year.
Employment	The client's current employment status. This should be updated as the client's employment status changes.
Event	A single service or episode of care provided to a client. NOTE: an event may include more than one Unit of Service, but generally does not exceed more than a single day.
Frequency of Use	How often the client admits to using the applicable drug (primary, secondary, tertiary) at the time of admission. NOTE: These fields should be updated during the client's treatment program.

Hard of Hearing	The presence of a significant hearing loss which impairs auditory communication, hard of hearing refers to those who rely on their residual hearing and speech for communication. This distinction between deaf and hard of hearing is not a medical or auditory one but a reflection of communication preference and cultural identity.
HCPCS Procedure Code	This is the HCPCS (Healthcare Common Procedure Classification System) or CPT (Current Procedural Terminology) or Medicaid service code used to describe the service.
Hispanic Origin	The client's identification of his/her Hispanic background. Code zero if not of Hispanic origin.
Homeless	<ul style="list-style-type: none"> One who lacks a fixed, regular or adequate nighttime residence, including anyone who is sleeping on the streets, in temporary hotel facilities, on a riverbank, in an out building, in caves or in a vehicle. One who is living in housing that is condemned or in an abandoned building. One who has as a primary nighttime residence a publicly or privately operated shelter designed to provide temporary living accommodations. All residents of domestic violence shelters are included. All residents of youth shelters are included except children that are wards of the state. One who has as a primary nighttime residence a public or private place not designated as a regular sleeping accommodation, including anyone who is sleeping in a movie theatre, restaurant, office or post office. One who is exiting an institution (including prisons, jails, mental health facilities and/or hospitals) and persons who have been evicted or displaced who do not have the financial or family support resources to obtain housing.
ICD9 Code	International Classification of Disease, 9 th edition. Five character codes (six positions include decimal) of all currently recognized medical and behavioral health problems. See Appendix "F"
Incentive	Something that incites or has a tendency to incite to determination or action.
Incentive Bond	The obligation of Centers to provide accurate, complete and timely data to the Department and the incentive used to insure the obligation is met.
Incite	To put in motion; to move to action; spur or urge on.
IV Drug User	A client who has EVER used drugs intravenously.

Living Arrangements	The client's living arrangements at the time of admission. This should be reviewed at least every six months or when the client's living situation changes. NOTE: A new Client Data Set demographic field to indicate clients that have been 'Homeless anytime in the past 12 months' will be added to the table at the beginning of Fiscal Year 2004.
Marital/Relational Status	The client's marital/relational status using the US Census categories. NOTE: Clients whose only marriage was annulled are considered "1-Single / never married"
Mental Health Client	A client who has an DSM IV Axis I or Axis II Mental Health Diagnosis or comparable ICD9 code (ICD9 code). NOTE: this definition is based solely on Client data set information and NOT on services provided.
Mental Retardation Client	A client who has an Axis I or Axis II Diagnosis code (ICD-9 code) that is coded as a Mental Retardation diagnosis. NOTE: this definition is based solely on Client data set information and NOT on services provided.
Methadone / Opiate Replacement Therapy	A client who is currently in a Methadone maintenance program, opiate replacement program including Methadone, LAAM, Buprenorphine or other Opioid replacement therapy.
Organization	see Provider site
Perpetrator of Domestic Abuse	Includes all clients who admit to EVER having been a perpetrator.
Perpetrator of Rape / Sexual Assault / Sexual Abuse	Includes all clients who admit to EVER having been a perpetrator.
Place of Service	The location where the service occurred, not to be confused with the Provider / site which is the CMHC "primary work site" of the professional providing the service.
Population, Census	Based on the Federal Census of 2000
Population, Served	The number of unduplicated clients who were reported by the center and the reported fields met the indicated criteria. NOTE: in most cases, only clients who received a service during the time period would be considered.
Population, Targeted	Based on the number of potential clients that fit the designated indicator as agreed upon by the Center and appropriate KDMHMS department
Pregnant Woman	A female client who admits to being pregnant. This field should be updated as soon as all treatment relating to the pregnancy has stopped.
Pregnant Woman - Due Date	The month, year (mmyyyy) of the expected birth of the child. This field should be filled in when the Pregnant Woman field is YES. If the date is more that 4 months in the past, it is considered an error.
Primary Diagnosis	This is the DSM IVR or ICD-9 code indicating the main focus of the client's treatment. It should be updated as the focus changes and MUST be in one of the Axis diagnosis fields

Primary Diagnosis Indicator	The DSM IVR or ICD-9 code that is the primary focus of treatment. NOTE: this code MUST be in one of the Axis I or Axis II diagnosis fields. NOTE2: since this field is sometimes used to classify clients, consideration must be given to the fact that, with the new historical Client data set, this field may change monthly.
Provider / site	The location of the “primary work site” of the staff member providing the service. (i.e. schools, client’s home, etc are NOT considered “provider sites”).
Race	Based on the code in the “Race” field in the Client data set. NOTE: only about 2.6% of Kentucky’s population is NOT classified as either White or Black per the 2000 federal census;
Region	CMHC (same as Center)
Rendering Professional	The ID of the individual who provided the service to the client and is either direct or contract employee of the center. The Human Resources data set (should) contains the needed demographic information for each center employee.
Route of Admission	The client’s usual method of ingesting the drug. NOTE: these fields should NOT be updated during the client’s treatment program
Rural Counties	Kentucky counties that have been defined by MH as rural. By default, all other counties are Urban counties. NOTE: the census has stopped defining counties as urban / rural and instead have a complicated definition of urban or rural “areas”. MH has used this definition and other criteria to determine which counties fit the Rural definition.
Service	see event
Service from Date	The date (MMDDYYYY) on which the service / event began. NOTE: since most service recorded are for a duration of 24 hours or less, the service from and service to dates are generally the same.
Service to Date	The date (MMDDYYYY) on which the service / event ended. NOTE: since most service recorded are for a duration of 24 hours or less, the service from and service to dates are generally the same.
Source of Pay	The organization(s) that will compensate the center for providing the service. Up to three may be entered for each service, but the first MUST be the expected source of the majority of the payment.
Source of Referral	Who made the primary and secondary referral of the client to the program.
Special Program Indicator Program Code	A code indicating the program under which the service falls.
Substance Abuse Client	All clients who had a service with one of the following DMHMRS Modifiers ('03', '34', '35', '36', '41', '42', '53', '63', '70') OR clients with a SA diagnosis AND who had a service with a modifier = ('01', '10', '20', '50', '51', '52')
Substance Abuse Prior Episode	The number of prior episodes of treatment this client has had within a substance abuse program.

Timeliness	A Data Submission meets this standard if it is available to be processed on or before the required date. Client and Event data submissions are required by the last day of the month after the month for which the data is submitted (i.e. March data is due by the end of April). NOTE: Human Resource Data Submissions are NOT required at any given time, therefore, no timeliness is checked for HR Submissions.
Unduplicated Clients	Each client is counted only once per summary. NOTE: if the same client is served in multiple regions, he will be counted in all regions, but only ONCE for the state total.
Units of Service	The “number” of services provided during the time covered by the Event (or service) record. See appendix E.
Veteran Status	Use zero if the client was never in the military, use “5” if the client had any military service. Military service includes Army, Navy, Air Force, Marines, Coast Guard, Public Health Service Commissioned Corps, and Coast & Geodetic Survey. According to the TEDS definition, a client is said to have veteran status IF they have had active duty service in one of the uniformed services of the U.S.
Victim of Domestic Abuse	This population includes clients who present with the problem of being physically abused by a family member by blood or marriage, an intimate partner, or a person with whom they have a child in common and those who acknowledge this issue after treatment services begin
Victim of Rape / Sexual Assault / Sexual Abuse	Includes all clients who admit to EVER having been a victim.
Women with Dependent Children	A <u>female</u> client who has one or more dependent children.

Attachment 2- Editing Dictionary

CMHC / Claim_File_yyyy

Table: Claim_File_yyyy - also known as Event file

Seq	Field Name * = Key field-	Type Size	NFS Field ID	HIPPA Field ID / loop	Edits	Fatal / General / Possible
01	* Region_Number	char 2	BA0-01		From input file ID (pos 1-2), must match valid region else reject entire batch	F
02	* PAT_Control_NO(client ID)	char 9	CA0-03	NM109 2010BA	Must match Client table else reject claim (if subsequent IDs do not match CA0-03 ID, then reject claim/service)	F
03	* Claim_Number	char 6			System generated incremental number set to "1" at each CA0	
04	* SVC_From_Date	date	FA0-03	DTP03 2400	Valid date before today else reject service	F
05	* DMHMRS_Modifier_1	char 2	FA0-12	NTE02 2400	Must match a valid code; if Prime-Payor = Y, then F - reject service; else G	F/G A/C
06	* Provider_NO	char 15	CA0-28	NTE02 2400	Must match Providers table else reject claim (if client status = 2, G error)	F/G A
07	* Rendering_Professional_ID	char 15	FA0-23	NTE02 2400	May be "999999" or must match HR table else set to 15 zeros	G A
08	* Place_of_SVC	char 2	FA0-07	SV105 2400	Must match a valid code else set to "98"	G A/C
09	System_Reporting_Date	date			From input file ID (pos 3-6 - mm/01/yy), must be before today else reject batch	F
10	Claim_ID_Number	char 6	CA0-29		Must be numeric else set to "000000"	G
11	Last_Name	char 20	CA0-04		(not used) Set to blank	
12	First_Name	char 12	CA0-05		(not used) Set to blank	
13	Date_of_Birth	date	CA0-08		(not used) Set to "99999998"	
14	Sex	char 1	CA0-09		(not used) Set to "8"	
15	Claim_Filing_Ind_1	char 1	DA0-04		(not used) no edit	
16	* Source_of_Pay_1 (Prime Payor)	char 1	DA0-05	SBR09/NTE02 2000B/2400	Must match a valid code else reject claim	F

17	Claim_Filing_Ind_2	char 1	DA0-04		(not used) no edit	
18	Source_of_Pay_2	char 1	DA0-05		May be blank or match a valid code else reject claim	F
19	Claim_Filing_Ind_3	char 1	DA0-04		(not used) no edit	
20	Source_of_Pay_3	char 1	DA0-05		May be blank or match a valid code else reject claim	F
21	Admission_Date	date	EA0-26	DTP03 2300	Before today; may be blank if client status 2 else set to "00000000"	G A
22	Discharge_Date	date	EA0-27	DTP03 2300	May be blank or must be valid date else set to "00000000"	G A
23	Diagnosis_Code_1	char 5	EA0-30	HI01(2) 2300	Must match ICD-9 table else set to "00000"	G A
24	Diagnosis_Code_2	char 5	EA0-31	HI02(2) 2300	May be blank or must match ICD-9 table else set to "00000"	G A
25	Diagnosis_Code_3	char 5	EA0-32	HI03(2) 2300	May be blank or must match ICD-9 table else set to "00000"	G A
26	Diagnosis_Code_4	char 5	EA0-33	HI04(2) 2300	May be blank or must match ICD-9 table else set to "00000"	G A
27	Special_Program_IND	char 2	EA0-41	NTE02 2400	Must match a valid code else set to "98"	G A/C
28	Line_Item_Control_NO	char 17	FA0-04		No edit	
29	SVC_To_Date	date	FA0-06	DTP03 2400	May be blank or before today and after Svc from else set to "00000000"	G A
30	HCPCS_Procedure_Code	char 5	FA0-09	SV101(2) 2400	If Prime-Payor = "Y" may be blank or match DMHMRS-Modifier or match CPT code If Prime-Payor = "D" must be valid Medicaid code If Prime_Payor other than D/Y must match CPT code else set to "99998"	G A
31	HCPCS_Modifier_1	char 2	FA0-10		(not used) no edit	
32	HCPCS_Modifier_2	char 2	FA0-11		(not used) no edit	
33	Line_Charges	num 7	FA0-13	SV102 2400	(not used) Must be numeric else set to "0000000"	
34	Diag_Code_Pointer_1	char 1	FA0-14	SV107(1) 2400	Must be 1/2/3/4 else set to "8"	G A/C
35	Diag_Code_Pointer_2	char 1	FA0-15	SV107(2) 2400	May be blank or 1/2/3/4 else set to "8"	G A
36	Diag_Code_Pointer_3	char 1	FA0-16	SV107(3)	May be blank or 1/2/3/4 else set	G A

				2400	to "8"	
37	Diag_Code_Pointer_4	char 1	FA0-17	SV107(4) 2400	May be blank or 1/2/3/4 else set to "8"	G A
38	Units_of_SVC	num 4	FA0-18	SV104 2400	Must be numeric else set to "0000"	G A/C
39	Referring_Professional_ID	char 15	FA0-24		(not used) no edit	
40	DMHMRS_Modifier_2	char 2	FA0-36	NTE02 2400	Must match a valid code else set to "98"	G A/C
41	Medicaid_ID_NO	char 25	DA0-28	SBR03 2000B	If Prime-Payor = "D" may not be blank, may be anything else set to blanks	G A
42	DA0_Filler_Local	char 5			no edit	
43	Insure_Type_Code	char 2	DA0-06	NTE02 2400	If Prime-Payor = "D" must match valid code If Prime-Payor = "Y" must be 01 or OT or 99 otherwise anything else set to "98"	G A

"Missing Clients" are CA0-3 fields with blanks or Client_IDs that are not found in the Client table

"Rejected Claims" are from Missing clients or records out of order (ie DAO client not match prior CA0)

"Rejected Services" are from invalid SVC_from_date or invalid Source_of_pay_1

Under the Fatal / General / Possible column, A = fields checked for Accuracy; C = fields checked for Completeness. Note: in most cases, General errors apply to fields that are considered for Accuracy.

- Every record is counted as it is read.
- Program checks for correct sequence of AA0 thru ZA0 records and ignores any out of sequence
- Program verifies region number on all records and Pat_control_no on all applicable records and rejects those that are invalid.
- All fields are edited.
- The program loads the edited record to the existing Event table.

(new) If Fatal Records / Total Records > 5%, then Accpetance = FAIL

(new) If Rejected Claims / Total Claims > 5%, then Acceptance = FAIL

(new) If Rejected Services / Total Services > %5, then Acceptance = FAIL

If General Errors / Accurate Record fields > 5%, then Acceptance = FAIL

Accurate Record fields are sum of the fields to be considered for Accuracy

If Incomplete Count / Total Records > 5% for any one of the Completeness fields, then Completeness = FAIL

NOTES:

- if region number in claim record (CA0) does not match the region number for the batch, the claim is rejected
- if the client ID in the Payor record (DA0) does not match the client ID in the Claim record, the claim is rejected.

- if the client ID in the Claim Detail record (EA0) does not match the client ID in the Claim record, the claim is rejected.
- if the client ID in the Service (Event) Detail record (FA0) does not match the client ID in the Claim record, the service is rejected.
- Only one AA0 / ZA0 record 'envelope' per run
 - Multiple (normally only one) BA0 / YA0 record 'envelopes' within AA0 / ZA0
 - Multiple CA0 / XA0 record 'envelopes' within BA0 / YA0
 - Multiple (normally only one-only three read) DA0 records following CA0
 - Only one EA0 record following the DA0 record(s)
 - Multiple FA0 records following the EA0 record
- Any records out of sequence or beyond the allowed number are ignored

Table: Human_Resources

Field Number	Field Name * = Key field	Type / Size	Edits	Fatal / General / Possible
	* Region_Number	char 2	No edit, Organization ID contains region # and edit is contained in that field	
1	* Staff_Identifier	char 15	May NOT be blank or all zeros	F
2	Organization_Identifier	char 6	Must match Providers table	F
3	Report_Date	date	Before date of edit else set to NULL	G A
4	Birth_Date	date	Before date of edit & less than 150 years ago (over 100 is possible error) else set to NULL	G/P A
5	Employment_Date	date	Before date of edit, after DOB, after 1/1/60 (else possible) else set to NULL	G/P A
6	Professional_Type	char 2	Must match a valid code else set to "98"	G A/C
7	Highest_Degree	char 1	Must match a valid code else set to "8"	G A/C
8	Employment_Status	char 1	Must match a valid code else set to "8"	G A/C
9	Hours_per_week	num 2	Must be numeric else set to "98"	G A/C
10	Separation_Date	date	May be blank or before date of edit and after employment date else set to NULL	G

Note: Input records that match existing records, completely replace the existing records.

Under the Fatal/General/Possible column, A = fields checked for Accuracy; C = fields checked for Completeness. Note: in most cases, General errors apply to fields that are considered for Accuracy.

- Every record is counted as it is read.
- If either Staff_Identifier or Organization_Identifier are bad, the record has a Fatal error and no further edit checks are performed.
- The program finds the corresponding record (Region / Staff_ID) in the existing HR table and DELETES it.
- All fields are edited.
- The program loads the edited record to the existing HR table.

(new) If Fatal Records / Total Records > 5%, then Accpetance = FAIL

If General Errors / Acceptable Records * 7 plus records with Separation Date > 5%, then Acceptance = FAIL

Acceptable Records are Total Records less Fatal Records

There are 7 fields that must be valid in every record (fields 3-9) and one field (Separation Date) that must be valid when a date is entered.

If Incomplete Count / Total Records > 5% for any one of the 4 Completeness fields, then Completeness = FAIL

No Timeliness is checked for HR records since this table is not required to be updated monthly.